

08-20-03

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RECEIVED
U.S. PATENT AND TRADEMARK OFFICE
8/20/03U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICEREQUEST FOR CONTINUED EXAMINATION (RCE)
TRANSMITTAL FORM (37 C.F.R. § 1.114)

DOCKET NO. 12186/1	APPLICATION SERIAL 10/003,198	EXAMINER Amy R. Cohen	ART UNIT 2859
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INVENTOR(S):

Jeffrey ERDFARB

Address to:
 Mail Stop RCE
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

AUG 21 2003
TECHNOLOGY CENTER 2800

RECEIVED

This is a **request for continued examination** under 37 C.F.R. § 1.114 (RCE) of pending application Serial No. 10/003,198, filed on October 31, 2001, entitled **MEASURING DEVICE**.

The following constitute the submission **required** by 37 C.F.R. § 1.114(a) and is attached:

Amendment: **Consider the amendment filed under 37 C.F.R. § 1.116 previously filed on June 11, 2003.**

Information Disclosure Statement

Drawing Changes

Other Submission: _____

00/2003 EXAMINER: 100-00000000
01 TC:1801 100-00000000
05/20/03 EXAMINER: 00
02 TC:1802 100-00000000

The filing fee for this RCE and the required amendment/submission is calculated below. The fee below is calculated based on the status of the claims after the entry of the attached amendment/submission. The fee for any new additional claims is included with this RCE, the fee for previously entered additional claims having already been paid.

	CLAIMS ADDED BY AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER EXTRA*	RATE (\$ PER CLAIM)	Fee (\$)
BASIC FEE						750.00
TOTAL CLAIMS	-0-		20	0	18.00	0.00
INDEPENDENT CLAIMS	-0-	-	03	0	84.00	0.00
MULTIPLE DEPENDENT CLAIM					280.00	

		Number extra must be zero or larger	TOTAL	750.00
If Applicant is a small entity under 37 C.F.R. §§ 1.9 and 1.27, then divide total fee by 2, and enter amount here.		SMALL ENTITY TOTAL	0.00	

2. Please charge the required RCE and submission filing fee of **\$750.00** to the deposit account of **Kenyon & Kenyon**, deposit account number **11-0600**.
3. Applicants respectfully request a two-month extension of time in which to respond to the Office Action mailed April 11, 2003, for which a response period expiring on July 11, 2003 was set. The extended period expires on September 11, 2003. The Commissioner is hereby authorized to charge payment of the 37 C.F.R. § 1.136(a) extension fee of **\$410.00** to the deposit account of **Kenyon & Kenyon**, deposit account number **11-0600**.
4. The Commissioner is hereby authorized to charge payment of fees, including any additional fees required, associated with this communication or arising during the pendency of this application, or to credit any overpayment, to the deposit account of **Kenyon & Kenyon**, deposit account number **11-0600**.
5. A duplicate copy of this transmittal form is enclosed.

Respectfully submitted,

By:

Thomas C. Hughes (Reg. No. 42,674)

Dated: August 14, 2003

KENYON & KENYON
One Broadway
New York, New York 10004
(212) 425-7200 (telephone)
(212) 425-5288 (facsimile)
CUSTOMER NO. 26646

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

Application or Docket Number

10003198

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS			
FOR	NUMBER FILED	NUMBER EXTRA	
TOTAL CHARGEABLE CLAIMS	11 minus 20 =	*	
INDEPENDENT CLAIMS	8 minus 3 =	*	
MULTIPLE DEPENDENT CLAIM PRESENT			<input type="checkbox"/>

SMALL ENTITY
TYPE

OTHER THAN
SMALL ENTITY
OR

RATE	FEES
BASIC FEE	370.00
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	FEES
BASIC FEE	740.00
X\$18=	
X84=	
+280=	
TOTAL	750.00

* If the difference in column 1 is less than zero, enter "0" in column 2

RC CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	11	Minus	** 20 =
Independent	*	2	Minus	*** 3 =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

SMALL ENTITY
OR
OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

RATE	ADDI- TIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

RATE	ADDI- TIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDT. FEE	

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.